

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		3126501.95
(b) Cash on Hand at Beginning of Reporting Period.....	3171035.39	
(c) Total Receipts (from Line 19)	345812.60	509798.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3516847.99	3636300.43
7. Total Disbursements (from Line 31)	269601.33	389053.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3247246.66	3247246.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 03 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

89019.38

130741.88

(ii) Unitemized

15463.08

32210.16

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

104482.46

162952.04

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

104482.46

167952.04

12. Transfers From Affiliated/Other

Party Committees.....

241050.00

341050.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

280.14

796.44

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ►

345812.60

509798.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

345812.60

509798.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1153.90	1606.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1153.90	1606.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	131000.00	250000.00
24. Independent Expenditures (use Schedule E)	137447.43	137447.43
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	269601.33	389053.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	269601.33	389053.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	104482.46	167952.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104482.46	167952.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1153.90	1606.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1153.90	1606.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry Murphy

Mailing Address 640 South State Street

City
Dover

State
DE

Zip Code
19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayhealth Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : 21598016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jonathan B Perlin MD, PhD

Mailing Address One Park Plaza

City
Nashville

State
TN

Zip Code
37203-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA

Occupation

President, Clinical Services and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : 21624174

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr. Paul E LaCasse DO

Mailing Address 6520 Commerce Road

City
West Bloomfield

State
MI

Zip Code
48324-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Botsford Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : 21624789

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William Dinsmoor

Mailing Address 7644 Hidden Valley Dr

City State Zip Code
 Papillion NE 68046-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 04 2014

Transaction ID : 21624793

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas L Bell

Mailing Address 215 Southeast 8th Avenue

City State Zip Code
 Topeka KS 66603-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Association

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 06 2014

Transaction ID : 21624803

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis L George

Mailing Address 3959 Hwy 59

City State Zip Code
 Ottawa KS 66067-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Purchasing Services Corpora

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 06 2014

Transaction ID : 21624805

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patti Davis

Mailing Address P O Box 26307

City State Zip Code
 Oklahoma City OK 73126-0307

FEC ID number of contributing
federal political committee.

C

Name of Employer

OU Medical Center

Occupation

Sr VP Strategy & Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 03 2014

Transaction ID : 21624813

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jerry G Moeller FACHE

Mailing Address P O Box 2408

City State Zip Code
 Stillwater OK 74076-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stillwater Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 03 2014

Transaction ID : 21624817

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Maureen Swick RN, PhD, N

Mailing Address 8110 Gatehouse Road
 Suite 200E

City State Zip Code
 Falls Church VA 22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Senior Vice President, Chief Operating

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 06 2014

Transaction ID : 21624860

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James W Pope MHA, FACHE

Mailing Address 6832 Convent Boulevard

City

Sylvania

State

OH

Zip Code

43560-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sylvania Franciscan Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21625641

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Christina Gerardi

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy Director, RWJF Grant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 07 / 2014

Transaction ID : 21626036

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Katherine Keene

Mailing Address 3861 St. Andrew's Loop

City

Salem

State

OR

Zip Code

97302-9498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salem Health

Occupation

Government Relations Committee Chair S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 07 / 2014

Transaction ID : 21626038

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626040

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Mr. Jerry E Jurena

Mailing Address 1622 East Interstate Avenue, Suite

City

Bismarck

State

ND

Zip Code

58503-0512

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Dakota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 07 / 2014

Transaction ID : 21626042

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Keith E Heuser

Mailing Address 570 Chautauqua Boulevard

City

Valley City

State

ND

Zip Code

58072-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

03 / 07 / 2014

Transaction ID : 21626044

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Catherine Barr

Mailing Address 559 Capitol Boulevard

City

Saint Paul

State

MN

Zip Code

55103-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bethesda Hospital

Occupation

Senior Vice President and President, B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Mulder MD

Mailing Address 1095 Highway 15 South

City

Hutchinson

State

MN

Zip Code

55350-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hutchinson Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626165

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Keith Okeson

Mailing Address 715 Delmore Avenue

City

Roseau

State

MN

Zip Code

56751-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifeCare Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626166

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ken Paulus

Mailing Address P O Box 43

City

Minneapolis

State

MN

Zip Code

55440-0043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allina Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626170

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Tim Rice

Mailing Address 49725 County 83

City

Staples

State

MN

Zip Code

56479-5280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakewood Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John H Solheim

Mailing Address 2475 East Broadway Street

City

Helena

State

MT

Zip Code

59601-4928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuyuna Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626172

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rulon F Stacey PhD, FACHE

Mailing Address 2450 Riverside Avenue

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 21626173

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Margaret W. Dahl

Mailing Address 1170 Latham Drive

City

Watkinsville

State

GA

Zip Code

30677-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Athens Regional Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 11 / 2014

Transaction ID : 21626185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph White

Mailing Address 10 Lakeside Terrace

City

Westford

State

MA

Zip Code

01886-1392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 07 / 2014

Transaction ID : 21626380

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William Wyman

Mailing Address 100 Potash Hill Rd

City

Tyngsboro

State

MA

Zip Code

01879-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Director of Revenue Cycle

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

Transaction ID : 21626381

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Normand E Deschene FACHE

Mailing Address 295 Varnum Avenue

City

Lowell

State

MA

Zip Code

01854-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

Transaction ID : 21626382

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

C. Ms. Trish Hannon FACHE

Mailing Address 125 Parker Hill Avenue

City

Roxbury Crossing

State

MA

Zip Code

02120-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Baptist Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

Transaction ID : 21626384

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2312.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Maulik Joshi

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President Research & Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 12 / 2014

Transaction ID : 21626390

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael V Sack FACHE

Mailing Address 585 Lebanon Street

City State Zip Code
 Melrose MA 02176-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hallmark Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

03 / 07 / 2014

Transaction ID : 21626392

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

C. Mr. Louis J Woolf

Mailing Address 1200 Centre Street

City State Zip Code
 Boston MA 02131-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hebrew Rehabilitation Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

03 / 07 / 2014

Transaction ID : 21626393

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2687.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Judith Melin

Mailing Address 41 Mall Road

City
Burlington

State
MA

Zip Code
01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Hospital & Medical Center, Burli

Occupation

Chief Medical Services Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

MM / DD / YYYY
03 / 07 / 2014

Transaction ID : 21626394

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. David G Spackman

Mailing Address 110 Wheeler Pond Rd

City
Orange

State
MA

Zip Code
01364-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Health

Occupation

General Counsel and Senior Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
03 / 07 / 2014

Transaction ID : 21626395

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. John M Fogarty

Mailing Address 41 Alfred Drowne Rd

City
Barrington

State
RI

Zip Code
02806-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Hospital-Needham

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

MM / DD / YYYY
03 / 07 / 2014

Transaction ID : 21626398

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael E. Sroczynski Esq.

Mailing Address 681 East 5th Street
#2

City State Zip Code
Boston MA 02127-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital Association

Occupation
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 07 / 2014

Transaction ID : 21626399

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Etta S. Fielek

Mailing Address 110 4th St., SE

City State Zip Code
Washington DC 20003-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President, Political Outreach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 21626409

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael P. Guerin

Mailing Address 155 North Wacker Drive

City State Zip Code
Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Sr. Vice President and Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 21626940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher M Dadlez

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Rehabilitation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21628360

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward H Moore

Mailing Address 100 South Street

City

Southbridge

State

MA

Zip Code

01550-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrington Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21628462

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. John Szum

Mailing Address 3 Windsor Road

City

East Walpole

State

MA

Zip Code

02032-1359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Care Group, Inc.

Occupation

Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

03 / 14 / 2014

Transaction ID : 21628463

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2312.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Charles E Cavagnaro III MD

Mailing Address 40 Wright Street

City
Palmer

State
MA

Zip Code
01069-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wing Memorial Hospital and Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21628464

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City
Carmel

State
IN

Zip Code
46033-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21628466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David W Hyatt

Mailing Address 249 Pauline Drive

City
Valparaiso

State
IN

Zip Code
46385-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jay County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21628467

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas J Leonard

Mailing Address 4319 Benthaven Dr. East

City State Zip Code
Bargersville IN 46106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2014

Transaction ID : 21628469

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Greg Losasso

Mailing Address 21683 Coulteri Court

City State Zip Code
Bristol IN 46507-9691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elkhart General Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2014

Transaction ID : 21628470

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City State Zip Code
Indianapolis IN 46278-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2014

Transaction ID : 21628471

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Bernice C. Ulrich

Mailing Address 4655 Running Brook Terrace

City

Greenwood

State

IN

Zip Code

46143-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21628472

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Cochrell RN, MBA

Mailing Address 23986 Vinland Terrace NW

City

Poulsbo

State

WA

Zip Code

98370-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer

B.E. Smith

Occupation

Vice President, Leadership Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21634979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jay Anderson

Mailing Address 1156 Summit Hills Lane

City

Naperville

State

IL

Zip Code

60563-2243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21634999

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Matthew J. Angela

Mailing Address 1151 East Warrenville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635000

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael G Ankin MD

Mailing Address 660 North Westmoreland Road

City

Lake Forest

State

IL

Zip Code

60045-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Lake Forest Hospital

Occupation

Vice President Medical Affairs & Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Falk

Mailing Address 676 North St. Clair Street
Suite 2050

City

Chicago

State

IL

Zip Code

60611-2942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Matthew J Flynn

Mailing Address 660 North Westmoreland Road

City State Zip Code
 Lake Forest IL 60045-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern Lake Forest Hospital

Occupation
 Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Michelle Gaskill RN

Mailing Address 2320 East 93rd Street

City State Zip Code
 Chicago IL 60617-3983

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advocate Trinity Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635008

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Holly Gibout

Mailing Address 1122 North Clark Street

City State Zip Code
 Chicago IL 60610-2857

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern Memorial Healthcare

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635009

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dean Manheimer

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Senior Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 21635010

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter J McCanna

Mailing Address 2025 Schiller

City

Wilmette

State

IL

Zip Code

60091-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Executive Vice President Administratio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 21635024

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Ms. Laura Neiberg

Mailing Address 362 Satinwood Court North

City

Buffalo Grove

State

IL

Zip Code

60089-6611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Director, Community & Org Health and R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 21635025

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marsha Oberrieder

Mailing Address 275 Noble Circle

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Lake Forest Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635026

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Nick Rave

Mailing Address 1525 N. Clyburn
Unit B

City

Chicago

State

IL

Zip Code

60610-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Kathleen Rhine

Mailing Address 200 S. Wacker Drive 11th

City

Chicago

State

IL

Zip Code

60606-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presence Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635038

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Sack

Mailing Address 5012 Morse Ave

City
Skokie

State
IL

Zip Code
60077-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jim H Skogsbergh

Mailing Address 2025 Windsor Drive

City
Oak Brook

State
IL

Zip Code
60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635040

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Skriba

Mailing Address 28 W 675 National Rd

City
West Chicago

State
IL

Zip Code
60185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635041

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lydia Splan

Mailing Address 925 N. Willard Court,
Unit B

City State Zip Code
Chicago IL 60642-4170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 21635042

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Treacy Shiff

Mailing Address 682 Brooklyn Drive

City State Zip Code
Aurora IL 60502-9038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Chicago-Central Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 21635043

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Gomes FACHE

Mailing Address 1201 NE Elm Street

City State Zip Code
Prineville OR 97754-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Charles Medical Center - Redmond

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2014

Transaction ID : 21635161

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bradley Beard

Mailing Address 6401 France Avenue South

City State Zip Code
 Edina MN 55435-2104

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fairview Southdale Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 19 2014

Transaction ID : 21635249

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul J Chodkowski

Mailing Address P O Box 738

City State Zip Code
 Frisco CO 80443-0738

FEC ID number of contributing federal political committee.

C

Name of Employer
 St. Anthony Summit Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 19 2014

Transaction ID : 21635262

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Boone

Mailing Address 1923 South Utica Avenue

City State Zip Code
 Tulsa OK 74104-5445

FEC ID number of contributing federal political committee.

C

Name of Employer
 St. John Medical Center

Occupation
 Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635435

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sittichoti Bunnag

Mailing Address 700 NW Seventh Street

City State Zip Code
 Oklahoma City OK 73102-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valir Rehabilitation Hospital

Occupation
 Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635436

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James D. Dixon

Mailing Address 4401 W Memorial Road, Suite 141

City State Zip Code
 Oklahoma City OK 73134-1791

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mercy Hospital Oklahoma City

Occupation
 President Primary Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Chris Hammes FACHE

Mailing Address 3300 NW Expressway

City State Zip Code
 Oklahoma City OK 73112-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INTEGRIS Health

Occupation
 Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635440

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jon Jiles

Mailing Address 700 NW Seventh Street

City State Zip Code
 Oklahoma City OK 73102-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valir Rehabilitation Hospital

Occupation
 Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce Lawrence

Mailing Address 3366 NW Expressway, Suite 800

City State Zip Code
 Oklahoma City OK 73112-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INTEGRIS Health

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635444

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dirk O'Hara

Mailing Address 1126 Rambling Oaks Dr

City State Zip Code
 Norman OK 73072-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valir Rehabilitation Hospital

Occupation
 Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21635446

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David R Stire

Mailing Address 3500 East Frank Phillips Boulevard

City State Zip Code
 Bartlesville OK 74006-2411

FEC ID number of contributing federal political committee.

C

Name of Employer

Jane Phillips Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Christopher Wakeley

Mailing Address 700 NW Seventh Street

City State Zip Code
 Oklahoma City OK 73102-1212

FEC ID number of contributing federal political committee.

C

Name of Employer

Valir Rehabilitation Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. David D Whitaker FACHE

Mailing Address P O Box 1308

City State Zip Code
 Norman OK 73070-1308

FEC ID number of contributing federal political committee.

C

Name of Employer

Norman Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2014

Transaction ID : 21635451

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rita M. Turley MS, RN

Mailing Address 351 Morningside Lane North

City State Zip Code
 Billings MT 59105-2873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Turley Consulting

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 13 / 2014

Transaction ID : 21637830

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary-Anne D Ponti RN, DBA, F

Mailing Address 3070 Morford Road

City State Zip Code
 Petoskey MI 49770-9234

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLaren Northern Michigan

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21637831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Helene M Burns MSN, RN, N

Mailing Address 2 Westbury Drive

City State Zip Code
 Berlin NJ 08009-9682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennedy Health System

Occupation

Chief Nursing Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 13 / 2014

Transaction ID : 21637833

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elaine Cohen

Mailing Address 13000 Bruce B. Downs Boulevard

City State Zip Code
Tampa FL 33612-4745

FEC ID number of contributing
federal political committee.

C

Name of Employer
James A. Haley Veterans' Hospital

Occupation
Chief Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : 21637834

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony Spezia

Mailing Address 100 Fort Sanders West Boulevard

City State Zip Code
Knoxville TN 37922-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : 21637843

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia J. Crome MN, RN, FA

Mailing Address 117 East Louisa Street
#153

City State Zip Code
Seattle WA 98102-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rona Consulting

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : 21637848

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Claire Murray

Mailing Address 1501 Twelfth Ave.

City

Watervliet

State

NY

Zip Code

12189-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Organization Nurse Executives

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2014

Transaction ID : 21637855

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Cynthia A. White RN, MBA

Mailing Address 8301b South Ridge Road

City

Plainfield

State

IL

Zip Code

60544-9134

FEC ID number of contributing
federal political committee.

C

Name of Employer

University HealthSystem Consortium

Occupation

VP, Member Relations & Networking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2014

Transaction ID : 21638022

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sandra Batt MSN, MHA,

Mailing Address 25 Red Hill Cir Apt B

City

Belvedere Tiburon

State

CA

Zip Code

94920-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marin General Hospital

Occupation

Dir, Education Development Service Exc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 21638028

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. KT Waxman MBA, RN, D

Mailing Address 3432 Bermuda Ct

City

San Ramon

State

CA

Zip Code

94582-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of San Francisco, School of

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 13 / 2014

Transaction ID : 21638029

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen D. Sanford RN, DBA

Mailing Address 2659 Syracuse Court

City

Denver

State

CO

Zip Code

80238-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic Health Initiatives

Occupation

Chief Nursing Officer & Senior Vice Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 21638032

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas W Huebner

Mailing Address 160 Allen Street

City

Rutland

State

VT

Zip Code

05701-4560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutland Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 21638036

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Cynthia M Grueber

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code
 Portland OR 97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : 21638037

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Longe

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : 21638039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Schulte

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Account Manager, Health Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : 21638040

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 21638041

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Dr. Melinda Estes MD, MBA

Mailing Address 2501 West 64th Street

City

Mission Hills

State

KS

Zip Code

66208-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Luke's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 21638043

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Karen Cox RN, Ph.D.

Mailing Address 4929 Westwood Rd

City

Kansas City

State

MO

Zip Code

64112-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Mercy Hospitals and Clinics

Occupation

Vice President, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 21638044

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1295.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sue Ehinger Ph.D.

Mailing Address 11211 Yoder Road

City

Roanoke

State

IN

Zip Code

46783-9699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638062

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald P Fesko

Mailing Address 1216 Ballybunion Court

City

Dyer

State

IN

Zip Code

46311-1268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Hospital

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638063

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Kreg Gruber

Mailing Address 51362 Amesbury Way

City

Granger

State

IN

Zip Code

46530-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital of South Bend

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John M Horner

Mailing Address 2347 Saddle Drive

City

Shelbyville

State

IN

Zip Code

46176-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Major Hospital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President and Chief Executive Officer

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638065

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond V Ingham PhD

Mailing Address 217 East Drive

City

Lebanon

State

IN

Zip Code

46052-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Witham Health Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President and Chief Executive Officer

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638066

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Craig C Kinyon

Mailing Address 3402 Deer Park Court

City

Richmond

State

IN

Zip Code

47374-7935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reid Hospital & Health Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638068

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert D McLin

Mailing Address 5506 N. Water Tower Road

City

Bruceville

State

IN

Zip Code

47516-6035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638069

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael J Packnett

Mailing Address 10125 Silver Lake Court

City

Fort Wayne

State

IN

Zip Code

46825-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638070

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Martin Padgett

Mailing Address 1606 Fox Run Trail

City

Jeffersonville

State

IN

Zip Code

47130-8204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clark Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2014

Transaction ID : 21638071

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul L Usher

Mailing Address 637 Laura Lane
PO Box 97

City State Zip Code
Sweetser IN 46987-0097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marion General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2014

Transaction ID : 21638074

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Katherine Wallace

Mailing Address 10655 West 650 South

City State Zip Code
Columbus IN 47201-8476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Director Performance Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2014

Transaction ID : 21638075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City State Zip Code
Greenwood IN 46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2014

Transaction ID : 21638076

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanne Carrocino FACHE

Mailing Address 903 Shore Drive

City

Cape May

State

NJ

Zip Code

08204-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

03 / 21 / 2014

Transaction ID : 21638082

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. David P Tilton

Mailing Address 624 Park Place

City

Galloway

State

NJ

Zip Code

08205-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

03 / 21 / 2014

Transaction ID : 21638106

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Mr. Winfield S Brown FACHE

Mailing Address 242 Green Street

City

Gardner

State

MA

Zip Code

01440-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638265

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter J Holden

Mailing Address 275 Sandwich Street

City
Plymouth

State
MA

Zip Code
02360-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Hospital-Plymouth

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638266

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce Auerbach

Mailing Address P.O. Box 2963

City
Attleboro

State
MA

Zip Code
02703-0963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Memorial Hospital

Occupation

Vice President, Ambulatory & ER Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638267

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Mr. Patrick L Muldoon FACHE

Mailing Address 60 Hospital Road

City
Leominster

State
MA

Zip Code
01453-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial Medical Center

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638268

Amount of Each Receipt this Period

1125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2812.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Michele L Gougeon

Mailing Address 115 Mill Street

City

Belmont

State

MA

Zip Code

02478-1064

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLean Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638278

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Ms. Susan Green

Mailing Address 295 Varnum Avenue

City

Lowell

State

MA

Zip Code

01854-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638279

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark A. Keroack MD

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Health, Inc.

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638280

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joel Rudin

Mailing Address 3 Webster Street

City

Winchester

State

MA

Zip Code

01890-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638287

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Mr. Michael Cofone

Mailing Address 60 Hospital Road

City

Leominster

State

MA

Zip Code

01453-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Alliance Hospitals

Occupation

Interim President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638289

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Mr. John R Fernandez

Mailing Address 5 Otis Street

City

Needham

State

MA

Zip Code

02492-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Eye and Ear Infirmary

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638290

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Sandager

Mailing Address 35 Bacon Street

City

Pepperell

State

MA

Zip Code

01463-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638291

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Woods

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Executive Vice President Finance and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638293

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Dr Joseph C Corkery MD

Mailing Address 41 Mall Road

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Hospital & Medical Center, Burli

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 21638294

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jennifer Gizmunt

Mailing Address 80 Perry Avenue

City

Lynnfield

State

MA

Zip Code

01940-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Health System

Occupation

VP, Senior Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638295

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven MacLauchlan

Mailing Address 61 Columbus Road

City

Boylston

State

MA

Zip Code

01505-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Vincent Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638296

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Norton

Mailing Address 46 Monmouth Street

City

East Boston

State

MA

Zip Code

02128-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Health

Occupation

Chief Executive Officer (Lahey Behavior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638297

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Hoyt Skabelund

Mailing Address P O Box 1688

City
Clovis

State
NM

Zip Code
88102-1688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plains Regional Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Dye

Mailing Address P O Box 92200

City

Albuquerque

State

NM

Zip Code

87199-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel M. George

Mailing Address 672 Morningside Drive

City

Grand Blanc

State

MI

Zip Code

48439-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Vice President, Ambulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 25 / 2014

Transaction ID : 21638306

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

995.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Benjamin Koppelman

Mailing Address 600 Pleasant Avenue

City

Park Rapids

State

MN

Zip Code

56470-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Area Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21643267

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy Ulseth

Mailing Address 301 South Highway 65

City

Mora

State

MN

Zip Code

55051-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer

FirstLight Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21643310

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr David J Campbell

Mailing Address 27 Oxford Road

City

Grosse Pointe Shores

State

MI

Zip Code

48236-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakwood Healthcare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21643370

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1262.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Edith M Hughes

Mailing Address 24498 E River Road

City

Grosse Ile

State

MI

Zip Code

48138-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakwood Southshore Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21643371

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Ms. Ellen Anderson

Mailing Address 121 N Monroe St
Unit 1401

City

Tallahassee

State

FL

Zip Code

32301-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

State Advocacy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645541

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. William A. Bell

Mailing Address 944 Gentian Court

City

Tallahassee

State

FL

Zip Code

32312-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645545

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2262.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Albert Boulenger

Mailing Address 8900 North Kendall Drive

City State Zip Code
 Miami FL 33176-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baptist Hospital of Miami

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : 21645739

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Monica Corbett

Mailing Address 306 East College Avenue

City State Zip Code
 Tallahassee FL 32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Florida Hospital Association

Occupation
 Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : 21645740

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Martha DeCastro RN, MS, CI

Mailing Address 1036 Alameda Drive

City State Zip Code
 Tallahassee FL 32317-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Florida Hospital Association

Occupation
 Vice President for Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : 21645742

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William M Duquette

Mailing Address 975 Baptist Way

City

State

Zip Code

Homestead

FL

33033-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homestead Hospital

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645744

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms Barbara Flynn

Mailing Address 307 Park Lake Circle

City

State

Zip Code

Orlando

FL

32803-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Florida Hospital Association

VP, Health Info Mgmt Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645745

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Sally Forsberg

Mailing Address 307 Park Lake Circle
Post Office Box 531107

City

State

Zip Code

Orlando

FL

32803-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Florida Hospital Association - Orlando

Director of Quality & Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Friedman

Mailing Address 6855 Red Road, Suite 600

City

South Miami

State

FL

Zip Code

33143-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

Corporate Vice President and General C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645747

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen Godfrey

Mailing Address 1481 NE 102nd Street

City

Miami Shores

State

FL

Zip Code

33138-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

Corporate Vice President, Revenue Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Hugh Greene

Mailing Address 3518 Hilliard Road

City

Jacksonville

State

FL

Zip Code

32217-4258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645750

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Javier Hernandez-Lichtl

Mailing Address 9555 SW 162nd Avenue

City

Miami

State

FL

Zip Code

33196-6408

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Kendall Baptist Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645782

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian E Keeley

Mailing Address 6855 Red Road, Suite 600

City

Coral Gables

State

FL

Zip Code

33143-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645784

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms Ana A Lopez-Blazquez

Mailing Address 701 Vilabella Ave

City

Coral Gables

State

FL

Zip Code

33146-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

CEO Baptist Health Enterprises

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645786

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Martorella MSN, RN, N

Mailing Address 36 Choctaw Trl

City

Ormond Beach

State

FL

Zip Code

32174-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Consultant & Interim Health Care Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645788

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen R Mason

Mailing Address 16255 Bay Vista Dr

City

Clearwater

State

FL

Zip Code

33760-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645789

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ms. Roymi V. Membiela

Mailing Address 6855 Red Road, Suite 600

City

South Miami

State

FL

Zip Code

33143-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

Corporate VP, Marketing & Public Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 21645800

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lincoln S Mendez

Mailing Address 6200 SW 73rd Street

City

South Miami

State

FL

Zip Code

33143-4679

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Miami Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645801

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645806

Amount of Each Receipt this Period

1001.00

Full Name (Last, First, Middle Initial)

c. Ms. Kathy A. Reep

Mailing Address 19 W. New Hampshire

City

Orlando

State

FL

Zip Code

32804-5911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association - Orlando

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645807

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2751.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bruce J Rueben

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645808

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Ms. Crystal Stickle

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645810

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Ms. Kim Streit

Mailing Address 1317 Eastin Avenue

City

Orlando

State

FL

Zip Code

32804-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association - Orlando

Occupation

VP, Health Research & Information

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2014

Transaction ID : 21645819

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Wilgis

Mailing Address 307 Park Lake Circle

City

Orlando

State

FL

Zip Code

32803-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : 21645824

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen Zeiler

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : 21645827

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Ms. Melinda Reid HattonMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : PR1045726230393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2476.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : PR1057462130393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Dale A Kirby

Mailing Address P O Box 331

City State Zip Code
 Colusa CA 95932-0331

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : PR1125892330393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2801

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : PR1819487930393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR327629130393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR327771630393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City Oak Park State IL Zip Code 60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR32777830393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pamela Austin Thompson RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR327812030393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR327858030393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. John F. Barry

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR327877830393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George F. BergstromMailing Address 130 North Garland Court
#3002

City	State	Zip Code
Chicago	IL	60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : PR327895730393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. UmbdenstockMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : PR328132830393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City	State	Zip Code
La Grange	IL	60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : PR328136930393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR328223830393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR328241430393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR328260930393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City
Yardley

State
PA

Zip Code
19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR328511830393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City
Arlington

State
VA

Zip Code
22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR328512030393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City
Chicago

State
IL

Zip Code
60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR328913330393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR329071330393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR329215730393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR330411630393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR330475430393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR330549230393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : PR331304230393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR518031930393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR766023730393

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

153.88

TOTAL This Period (last page this line number only)..... ►

89019.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 102

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

03 / **04** / **2014**

Transaction ID : 21598018

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

B. North Carolina Hospital Assoc. HOSPAC - Federal

Mailing Address Post Office Box 4449

City Cary State NC Zip Code 27519-4449

FEC ID number of contributing
federal political committee.

C C00194647

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

59700.00

Date of Receipt

03 / **06** / **2014**

Transaction ID : 21624809

Amount of Each Receipt this Period

59700.00

Full Name (Last, First, Middle Initial)

C. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

03 / **10** / **2014**

Transaction ID : 21626039

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

61050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 102

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21634976

Amount of Each Receipt this Period

30000.00

Full Name (Last, First, Middle Initial)

B. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 21634977

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

03 / 21 / 2014

Transaction ID : 21638107

Amount of Each Receipt this Period

100000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180000.00

241050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 102

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

796.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : 21674556

Amount of Each Receipt this Period

280.14

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.14

280.14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 102

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. U.S. Treasury

Mailing Address P.O. Box 2188

City Parkersburg State WV Zip Code 26106-2188

Purpose of Disbursement
Federal Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
03 / 12 / 2014
Transaction ID : 21626260

Amount of Each Disbursement this Period

859.00

Federal Taxes

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
03 / 04 / 2014
Transaction ID : 21675346

Amount of Each Disbursement this Period

28.50

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
03 / 03 / 2014
Transaction ID : 21675349

Amount of Each Disbursement this Period

199.54

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1087.04

1087.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Boustany, Jr., MD For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : 21625385Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles W. Boustany Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 03

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address P.O. Box 77

City	State	Zip Code
East Moline	IL	61244

Transaction ID : 21625388Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Cheri BustosCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 17

Contribution

Full Name (Last, First, Middle Initial)

C. Capuano For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Transaction ID : 21625389Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Michael E. CapuanoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 07

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steve Cohen For Congress

Mailing Address 349 Kenilworth Place

City	State	Zip Code
Memphis	TN	38112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Stephen Ira CohenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625391

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 234

City	State	Zip Code
Saratoga Springs	NY	12866

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris GibsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625394

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
Contribution

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625396

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address PO Box 100

City	State	Zip Code
Teaneck	NJ	07666

Purpose of Disbursement
Contribution

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625398

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281

Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. Renacci

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625399

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Blue Hen PAC

Mailing Address PO Box 9900

City	State	Zip Code
Newark	DE	19714

Purpose of Disbursement
2014 Contribution

Candidate Name

Blue Hen PAC

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625400

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address 499 South Capitol St., SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Transaction ID : 21625401

Amount of Each Disbursement this Period

1000.00

Candidate Name

BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

2014 Contribution

Full Name (Last, First, Middle Initial)

B. CAMPAC: Continuing a Majority Party Action Cmte

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2014 Contribution

011

Transaction ID : 21625403

Amount of Each Disbursement this Period

5000.00

Candidate Name

CAMPAC: Continuing a Majority Party Action CmteCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
2014 Contribution

011

Transaction ID : 21625406

Amount of Each Disbursement this Period

1000.00

Candidate Name

Lone Star Leadership PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. PAC to the FutureMailing Address 700 13th Street N.W.
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

Candidate Name

PAC to the FutureOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625407

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership FundMailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

Candidate Name

Searchlight Leadership FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625408

Amount of Each Disbursement this Period

5000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

Candidate Name

Democratic Congressional Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625409

Amount of Each Disbursement this Period

15000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Coffman For CongressMailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike CoffmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 21625411

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Perlmutter For CongressMailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Contribution

Candidate Name

Rep. Edwin PerlmutterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	05	/	2014

Transaction ID : 21625412

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
Contribution

Candidate Name

Rep. Austin ScottOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 21625413

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 391

City	State	Zip Code
Geneva	NY	14456

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom ReedOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 21625414

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For CongressMailing Address 911 Central Avenue
PO Box 221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul David TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 21625415

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Connolly For Congress

Mailing Address 3706 Prado Place

City	State	Zip Code
Fairfax	VA	22031

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gerald E. ConnollyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2014

Transaction ID : 21625416

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. People For Derek Kilmer

Mailing Address PO Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Derek KilmerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : 21625417

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Kelly AyotteCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627104

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Roy BluntCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627105

Amount of Each Disbursement this Period

1000.00

2016 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texans For Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Transaction ID : 21627106Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. John CornynCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

Contribution

Full Name (Last, First, Middle Initial)

B. Udall For Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Transaction ID : 21627108Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Mark Emery UdallCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 21627123Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Mark Robert WarnerCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District:

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland	State OR	Zip Code 97232
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Purpose of Disbursement
2016 Contribution

Candidate Name

Sen. Ron WydenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627124

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands	State TX	Zip Code 77387
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin Patrick BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627125

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address PO Box 17813

City Richmond	State VA	Zip Code 23226
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric I. CantorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627126

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Courtney For Congress

Mailing Address PO Box 1372

City Vernon	State CT	Zip Code 06066
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph D. CourtneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Convention2014

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627127

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore	State MD	Zip Code 21203
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Elijah E. CummingsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627128

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Forbes For Congress

Mailing Address PO Box 15100

City Chesapeake	State VA	Zip Code 23328
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Purpose of Disbursement
Contribution

Candidate Name

Rep. J. Randy ForbesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627129

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick L. MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627130

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington	State MD	Zip Code 20895
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris Van HollenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627131

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Mailing Address P.O.Box 7255

City Des Moines	State IA	Zip Code 50309
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Purpose of Disbursement
2014 Contribution

Candidate Name

Hawkeye PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627136

Amount of Each Disbursement this Period

5000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Preserving America's Traditions PAC (PATPAC)Mailing Address 228 South Washington Street
Suite B-20

City Washington State DC Zip Code 22314

Purpose of Disbursement
2014 Contribution

Candidate Name

Preserving America's Traditions PAC (PATPAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627140

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Walters For Congress

Mailing Address 30151 Tomas

City Rancho Santa Marga State CA Zip Code 92688

Purpose of Disbursement
Contribution

Candidate Name

Mimi WaltersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627146

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

Candidate Name

Rep. Katherine CastorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : 21627150

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa	State FL	Zip Code 33606
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Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Katherine CastorCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : 21627156

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stutzman For Congress

Mailing Address PO Box 129

City Howe	State IN	Zip Code 46746
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Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Marlin StutzmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : 21627161

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Vicky Hartzler For Congress

Mailing Address P.O. Box 30080

City Columbia	State MO	Zip Code 65205
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Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Vicky HartzlerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : 21627164

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City
GaithersburgState
MDZip Code
20878Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Nydia M. VelazquezCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: NY

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : 21627166

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Filemon Vela For CongressMailing Address 2929 Mossrock Street
Suite 215City
San AntonioState
TXZip Code
78230Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Filemon Vela Jr.Category/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: TX

District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 21627167

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lizbeth Benacquisto for Congress

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606Purpose of Disbursement
Contribution

011

Candidate Name

Lizbeth BenacquistoCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: FL

District: 19

Special-Primary2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : 21628117

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 102

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Crapo For US Senate

Mailing Address P.O. Box 1948

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement
2016 Contribution

Candidate Name

Sen. Mike CrapoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : 21637347

Amount of Each Disbursement this Period

2000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. S. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : 21637351

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sandy M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : 21637352

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : 21637353

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Tierney For Congress

Mailing Address 12 Hussey Avenue

City Danvers	State MA	Zip Code 01923
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. John F. TierneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : 21637354

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Henry Hank JohnsonMailing Address 4153 Flat Shoals Parkway
Suite 322, Building C, 2nd Floor

City Decatur	State GA	Zip Code 30034
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Hank C. Johnson Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : 21637356

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Braley for Iowa

Mailing Address PO BOX 856

City	State	Zip Code
DES MOINES	IA	50304

Purpose of Disbursement
Contribution

011

Candidate Name

Bruce BraleyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : 21637358

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kansans For Huelskamp

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim HuelskampCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : 21637360

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City	State	Zip Code
Detroit Lakes	MN	56502

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Collin C. PetersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : 21637362

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jobs, Opportunity & Education, PAC (JOEPAC)

Mailing Address 84-54 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
------------------	-------------	-------------------

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Jobs, Opportunity & Education, PAC (JOEPAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : 21637365

Amount of Each Disbursement this Period

500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Sherrod BrownOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : 21637369

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 14496

City Poland	State OH	Zip Code 44514
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Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bill JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : 21637370

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Hospital Association PAC

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Katherine Clark For Congress

Mailing Address PO Box 361

City	State	Zip Code
Malden	MA	02148

Purpose of Disbursement
Contribution

Candidate Name

Katherine ClarkOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : 21643095

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charlie W. DentOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : 21643165

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Pete Gallego

Mailing Address PO Box 1781

City	State	Zip Code
San Antonio	TX	78296

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete GallegoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : 21643166

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City
WestonState
FLZip Code
33326Purpose of Disbursement
2014 Contribution

011

Candidate Name

Democrats Win Seats PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643174

Amount of Each Disbursement this Period

2500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Joe Garcia For CongressMailing Address Post Office Box 0595
Suite 102City
MiamiState
FLZip Code
33196Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Joe Garcia

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643175

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dennis Ross

Mailing Address 133 South Harbor Drive

City
VeniceState
FLZip Code
34285Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Dennis A. Ross

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643176

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Senate Victory Fund PAC

Mailing Address PO Box 7274

City
TupeloState
MSZip Code
38802Purpose of Disbursement
2014 Contribution

011

Candidate Name

Senate Victory Fund PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643188

Amount of Each Disbursement this Period

5000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Tim Bishop For Congress

Mailing Address PO Box 437

City
FarmingvilleState
NYZip Code
11738Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim Bishop

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643189

Amount of Each Disbursement this Period

1750.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City
FarmingvilleState
NYZip Code
11738Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim Bishop

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643190

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Walter Jones Committee

Mailing Address PO Box 3962

City
GreenvilleState
NCZip Code
27836Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Walter B. Jones Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643191

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City
AllentownState
PAZip Code
18105Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charlie W. DentCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643193

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City
RoanokeState
VAZip Code
24002Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bob W. GoodlatteCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : 21643195

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205

Purpose of Disbursement
2016 Contribution

Candidate Name

Sen. Roy BluntOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21671101

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Denny Heck For Congress

Mailing Address PO Box 235

City	State	Zip Code
Olympia	WA	98507

Purpose of Disbursement
Contribution

Candidate Name

Rep. Denny HeckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21671103

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City	State	Zip Code
Cleveland	OH	44143

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave JoyceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21671105

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 97 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Jobs PAC

Mailing Address P.O. Box 708

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement
2014 Contribution

Candidate Name

New York Jobs PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21674518

Amount of Each Disbursement this Period

2500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Nolan For Congress Volunteer CommitteeMailing Address PO Box 252
40138 Sawmill Rd

City	State	Zip Code
Emily	MN	56447

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard Michael NolanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21674519

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cory Booker For Senate

Mailing Address PO Box 32237

City	State	Zip Code
Newark	NJ	07102

Purpose of Disbursement
Contribution

Candidate Name

Cory BookerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21674524

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Susan BrooksMailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Void of 01/14 Check

Candidate Name

Rep. Susan BrooksOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21674551

Amount of Each Disbursement this Period

-1000.00

Void of 01/14 Check

Full Name (Last, First, Middle Initial)

B. Neil Riser Campaign Inc

Mailing Address PO Box 1376

City West Monroe State LA Zip Code 71294

Purpose of Disbursement
Void of 10/13 Check

Candidate Name

Hartwell Riser JrOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼ Runoff2013

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21674552

Amount of Each Disbursement this Period

-1000.00

Void of 10/13 Check

Full Name (Last, First, Middle Initial)

C. Victory Now!Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Void of 12/13 Check

Candidate Name

Victory Now!Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : 21674553

Amount of Each Disbursement this Period

-1000.00

Void of 12/13 Check

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3000.00

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 102
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC			FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Public Opinion Strategies			Date of Public Distribution/Dissemination 03 / 27 / 2014	
Mailing Address 214 North Fayette Street			Amount 18000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 21643251	
Purpose of Expenditure Polling		Category/Type 005	Date of Disbursement or Obligation 03 / 11 / 2014	
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		18000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination 03 / 27 / 2014	
Mailing Address 600 Fairmount Avenue Suite 306			Amount 88900.00	
City Towson	State MD	Zip Code 21286	Transaction ID : 21643360	
Purpose of Expenditure Television Advertising		Category/Type 004	Date of Disbursement or Obligation 03 / 25 / 2014	
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		127500.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106900.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Melinda Hatton</i>		[Electronically Filed]		Date 04 / 17 / 2014

